

1. DATE OF INCIDENT <b>07-FEB-2015</b>		TIME <b>14:36:00</b>		2. ADDRESS OF OCCURRENCE <b>310 W 115TH ST CHICAGO, IL 60628</b>		3. LOCATION CODE <b>304</b>		4. BEAT/OCCUR <b>0522</b>												
MEMBER INVOLVED	5. POSITION <b>9161</b>		6. LAST NAME <b>DERCOLA</b>		7. FIRST NAME <b>MATT O</b>		8. STAR NO. <b>15740</b>		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE <b>WHI</b>		11. AGE <b>510</b>		12. HT. <b>164</b>		13. WT. <b>164</b>			
	14. DATE OF APPT. <b>29-AUG-2005</b>		15. EMPLOYEE NO.		16. UNIT & BEAT OF ASSIGNMENT <b>312 6724G</b>		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No									
SUBJECT INFORMATION	20. LAST NAME <b>GOLATTE</b>		21. FIRST NAME <b>ANTWON</b>		22. M.I.		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE <b>BLK</b>		25. D.O.B.		26. HT. <b>510</b>		27. WT. <b>190</b>					
	28. ADDRESS		29. TELEPHONE NO.		30. WAS SUBJECT ARMED/OTHER (SPECIFY) <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No <b>VEHICLE - ATTEMPTED TO STRIKE OFFICER WITH VEHICLE</b>		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No											
33. WHERE WAS MEDICAL TREATMENT OBTAINED? <b>CHRIST</b>		34. BY WHOM? <b>DR. [REDACTED]</b>		35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid		36. CHARGES PLACED <b>***** PLEASE SEE NEXT PAGE *****</b>		37. CB NO. <b>19058073</b>		IR NO.										
REASON FOR USE OF FORCE (Check all that apply)	38. DNA		SUBJECT'S ACTIONS		MEMBER'S RESPONSE															
			PASSIVE RESISTER DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____		ACTIVE RESISTER FLED <input checked="" type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____		ASSAULT/ASSAULT IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER VEHICLE _____		ASSAULT/BATTERY ATTACK WITH WEAPON <input checked="" type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER VEHICLE _____		ASSAULT/DEADLY FORCE USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/> WEAPON <input type="checkbox"/> OTHER VEHICLE _____									
WEAPON DISCHARGE INCIDENT	39. DNA		40. ADDITIONAL INFORMATION		41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS <b>CLEAR</b>		45. MAKE/MANUFACTURER		46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE	
					49. TASER DART ID NO.		50. WEAPON SERIAL NO. (Include Letters)		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.							
CASE INFO.	54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER		58. TOTAL NO. OF SHOTS MEMBER FIRED		59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		63. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	
	64. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		65. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		66. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		67. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)													
SIGNATURES	70. EVENT NO. <b>1503809109</b>		71. RD. NO. <b>HY143253</b>		72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC		73. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR. & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV.		74. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.		75. 73. REPORTING MEMBER (Print Name) <b>DERCOLA, MATT O</b>		76. STAR/EMPLOYEE NO. <b>15740</b>		77. SIGNATURE <b>[REDACTED]</b>		78. DATE REVIEWED <b>07-FEB-2015 21:10:12</b>		79. TIME <b>07-FEB-2015 21:10:12</b>	
	73. REPORTING MEMBER (Print Name) <b>DERCOLA, MATT O</b>		74. REVIEWING SUPERVISOR (Print Name) <b>NELSON-JONES, NEDRA L</b>		75. STAR NO. <b>2389</b>		76. SIGNATURE <b>[REDACTED]</b>		77. DATE REVIEWED <b>07-FEB-2015 21:10:12</b>		78. TIME <b>07-FEB-2015 21:10:12</b>		79. REVIEWING SUPERVISOR (Print Name) <b>NELSON-JONES, NEDRA L</b>		80. STAR NO. <b>2389</b>		81. SIGNATURE <b>[REDACTED]</b>		82. DATE REVIEWED <b>07-FEB-2015 21:10:12</b>	

SUBJECT  
INFORMATION

36. CHARGES PLACED

720 ILCS 550.0/5.2-D, 720 ILCS 550.0/5.2-D, 720 ILCS 5.0/21-1.01-A-1, 720 ILCS  
5.0/12-2-B-4, 720 ILCS 5.0/12-2-B-4, 720 ILCS 5.0/12-2-B-4, 720 ILCS 5.0/12-2-  
B-4, 720 ILCS 550.0/4-C

☐ DNA

# LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER, 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER, 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER, 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Subject at Christ Hospital in surgery.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based upon information available at the time of this report it is the preliminary determination of the undersigned that Officer Dercola is in compliance with Department policy in that he moved to avoid being struck by the offender's vehicle.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO 1073693 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

MC NAUGHTON, DAVID R

SIGNATURE

DATE COMPLETED

TIME

07-FEB-2015 21:26:59

79. TOTAL TRR's THIS EVENT No.

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LOG # 1073693  
Attachment # 27